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## \*BIBDATASHEET\*

CONFIRMATION NO. 8113

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/912,818	<b>FILING OR 371(c) DATE</b> 07/24/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 407E-914026US
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/311,835 05/14/1999 PAT 6,335,167 which is a CON of 08/565,304 11/27/1995 PAT 5,976,790  
 which is a DIV of 08/223,905 04/06/1994 ABN  
 which is a CON of 08/132,172 10/06/1993 ABN  
 which is a CIP of 07/969,948 10/30/1992 ABN  
 which is a CIP of 07/846,659 03/04/1992 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/27/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

22798

**TITLE**

DETECTION OF CHROMOSOMAL ABNORMALITIES ASSOCIATED WITH BREAST CANCER

<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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